

DATE RECEIVED BY DMV



MOTOR CARRIER (CA) #
CA #

REQUEST FOR VOLUNTARY TERMINATION OF SELF-INSURANCE MOTOR CARRIERS OF PROPERTY

CA NUMBER

NAME OF CARRIER

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

()

The carrier listed above requests to voluntarily terminate their self-insurance method for compliance to the proof of financial responsibility requirement for the Motor Carriers of Property Permit Program pursuant to California Vehicle Code Section 34630 under the CA number listed above. The termination is effective _____.

The above carrier understands that this self-insurance method of compliance to the proof of financial requirement may be reinstated at any time upon filing a new Application for a Certificate of Self-Insurance form (DMV 130 MCP) and an Assignment to the Department of Motor Vehicles form (DMV 133 MCP). If the assigned money was released back to the above listed carrier, then submission of an FDIC guaranteed bank(s) and/or savings association(s) passbook(s) located in California or certificate of cash deposit(s) in the appropriate amounts pursuant to California Vehicle Code Section 34631.5, subdivision (a), paragraphs (1) and (2) is required.

DATE

SIGNED AT (CITY, STATE)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

X

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

Please mail this request to:

Department of Motor Vehicles
Motor Carrier Services Branch MS-G875
P.O. Box 932370
Sacramento, CA 94232-3700